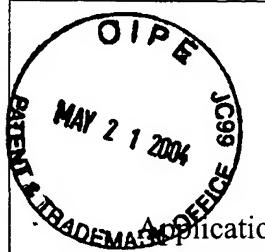
Confirmation No. 2719



#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.

: 10/708,720

: Mark E. Kirby

Applicant: Filed:

: 03/19/2004

TC/A.U.

: 1734

Examiner

: Unassigned

Docket No.

: 1051.09

Customer No.

: 21901

For

: Method and Tool for Installing Tile on a Wall

Mail Stop Amendment Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

## SUPPLEMENTAL PRELIMINARY AMENDMENT TRANSMITTAL

Transmitted herewith is a preliminary amendment for this application. 1.

### **STATUS**

Applicant is an independent inventor. A statement was already filed. 2.

### **EXTENSION OF TERM**

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 3. apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### **CERTIFICATE OF MAILING**

(37 C.F.R. 1.8)

I HEREBY CERTIFY that this Supplemental Preliminary Amendment, including Introductory Comments, Amendments to the Drawing Figures, and Remarks, is being deposited with the United States Postal Service by first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 19, 2004.

Dated: May 19, 2004

Deborah Preza

(Amendment Transmittal—page 1)

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1) Claims Remaining After Amendment			(Col. 2)	(Col. 3) SMALL ENTITY_				
			Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		
Total	16	Minus	20	= 16	x \$9 =	\$0		
Indep.	2	Minus	3	= 0	x \$43 =	\$0		
First Presentation of Multiple Dependent Claim					+ \$145 =	\$0		-
					Total Addit. Fee	<b>\$</b> 0		

If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,

Reg. No. 28,761

Tel. No.: (727) 507-8558

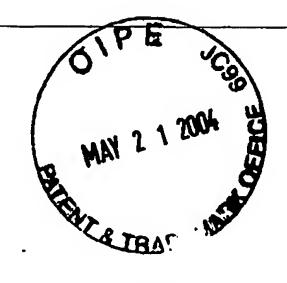
SIGNATURE OF PRACTITIONER

Ronald E. Smith

Smith & Hopen, P.A.

15950 Bay Vista Drive, Ste. 220

Clearwater, FL 33760



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### SUPPLEMENTAL PRELIMINARY AMENDMENT

**Introductory Comments** 

Sir:

The above-identified patent application is amended a second time prior to examination as follows:

Amendments to the Drawing Figures are attached to page 2 of this paper and include Replacement Sheets and Annotated Marked-up Drawings.

Remarks begin on page 3 of this paper.

# **Amendments to the Drawing Figures:**

The attached drawing pages include the following:

Annotated Marked-up Drawings

Replacement Sheets